

ATTACHMENT
C
PART 2

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

12/3/00
2220See injury report
S. Gomez, MLP

-12-00

1105

IM on callout today. Was not seen due.
Compound is closed 2^o to adverse
weather.

M. Tarr

M. Tarr, MLP

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)REGISTER NO.
51627060

WARD NO.

Sigers Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

140-00-634-4176

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/15/00	PSYCHIATRIC CLINIC: MOOD DISORDER
10/11	SUBJECTIVE:
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>None</i> 4 hrs per week.
	2. Inquiry into current medical or psychological concerns of patient: <i>none, doing OK</i>
	3. Medication Compliance and Presence of Side Effects:
	4. Use of Psychological Services: <i>Know about,</i>
	5. Current appetite: <i>good,</i>
	6. Sleep pattern: <i>Sleep well</i>
	7. Ability to work: <i>OK.</i>
	8. Current hobbies and sources of entertainment: <i>read, exercise.</i>
	9. Status of relationships with significant relations, peers and staff: <i>get well with every body..</i>
	10. Near and long term plans and goals: <i>plan own business</i>
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>None</i>

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:	FEDERAL BUREAU OF INVESTIGATION		
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
<i>Seymour, Kevin</i>			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	<i>51627-060</i>		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>WNL</i> <i>alut, v/p.</i>
	2. Weight: <i>231</i>
	3. Cognitive impairment (ability to focus on issues, realistic goals): <i>WNL.</i>
	4. Affect: <i>good.</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I: <i>Depression.</i>
	1. Diagnosis: Axis II:
	Axis III: <i>anxiety dx</i>
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: <i>None.</i>
	3. Medication Compliance, Side Effects, Drug Interactions: <i>Good</i> <i>None</i>
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, <u>development of positive past times</u> , pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>Therapeutic</i>
	3. Return to clinic: <i>3 months</i>
	4. Medications: <i>① Trazodone 50mg T at HS p/r > 90 days</i>
	Patient Education <input checked="" type="checkbox"/> Discharge <input type="checkbox"/> Special Instruction C. Oyler, R.Ph. <i>NO</i>

J. Gomez MLP

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

8/15/00
0816

See injury report.

Patient Education

- Dosage

- Special Instruction

C. Dwyer, R.Ph.

J. Gomez, MLC

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI McKean

PATIENT'S NAME (Last, First, Middle Initial)

Siggers Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

51627060

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/9/00 0800	<p>S: clo sore throat + pain in chest x last 2-3 days. Chest hurts when takes a deep breath.</p> <p>O: lungs- CTA. Heart-RRR Temp 98-68-20 BP 120/86 Ears- TM's benign. Nasal mucosa WNL Throat- post pharynx red + inflamed Tonsils- enlarged + inflamed. exudate</p> <p>a. Tonsillitis</p> <p>P: E-mycin 250mg #20 i Q6h x OR Tylenol 500mg #21 ii Q8h prn x OR Pt educ. Warm saline gargles. Take meds as directed. RHC prn pt. Under- stands</p> <p>Gracia Fairbanks, MLP</p> <p>Patient Education + Dosage + Special Instruction C. Oyler, R.Ph. <i>CO</i></p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)	Slagers, Kevin		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-068		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIMR (41 CFR) 201-45.505

7540-00-634-4176

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6/8/00	PSYCHIATRIC CLINIC: MOOD DISORDER		
9	SUBJECTIVE:		
08/10	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>Getting along well w staff + TM's</i>		
	2. Inquiry into current medical or psychological concerns of patient: <i>Khanes Services are available</i>		
	3. Medication Compliance and Presence of Side Effects: <i>Wants to ↓ medic. (Trazodone) to 50mg @ hs. Makes him too tired</i>		
	4. Use of Psychological Services:		
	5. Current appetite: <i>appetite good</i>		
	6. Sleep pattern: <i>Sleeps well</i>		
	7. Ability to work: <i>Works in Food Services</i>		
	8. Current hobbies and sources of entertainment: <i>Reads alot + writes</i>		
	9. Status of relationships with significant relations, peers and staff: <i>Gets along well w others Is going to</i>		
	10. Near and long term plans and goals: <i>Wants to run own business</i>		
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>Denies</i>		

PATIENT'S IDENTIFICATION (Use this space for mechanical Imprint)

RECORDS MAINTAINED AT:	FEDERAL BUREAU OF INVESTIGATION		
PATIENT'S NAME (Last, First, Middle Initial)			SEX
<i>Jaygo, Kevin</i>			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	<i>51627-060</i>		

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>Good</i>
	2. Weight: <i>244 1/2 #</i>
	3. Cognitive impairment (ability to focus on issues, realistic goals): <i>able to focus on tasks</i>
	4. Affect: <i>good</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I: <i>Depression</i>
	1. Diagnosis: Axis II: <i>anxiety</i>
	Axis III: <i>anxiety</i>
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: <i>None</i>
	3. Medication Compliance, Side Effects, Drug Interactions: <i>Good</i>
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>6/9/08</i>
	3. Return to clinic: <i>3 months</i>
	4. Medications: <i>Rosace + trazodone 50mg #10 T Tab QD @ HS PL X OR</i>
	<div style="display: flex; justify-content: space-between;"> <div> <p>Patient Education</p> <p>Special Instruction <i>med</i></p> </div> <div> <p><i>Gracia Fairbanks, MLP</i></p> </div> </div>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/2/00	PSYCHIATRIC CLINIC: MOOD DISORDER
1300	SUBJECTIVE:
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern):
	2. Inquiry into current medical or psychological concerns of patient:
	3. Medication Compliance and Presence of Side Effects:
	4. Use of Psychological Services: Failed to keep appt
	5. Current appetite: Severe weakness reached
	6. Sleep pattern:
	7. Ability to work:
	8. Current hobbies and sources of entertainment:
	9. Status of relationships with significant relations, peers and staff:
	10. Near and long term plans and goals:
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death:

PATIENT'S IDENTIFICATION (Use this space for chemical imprint)

RECORDS MAINTAINED AT:	FCI McKean Health Services		
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
J. Lygier, Kevin			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (Rev. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene:
	2. Weight:
	3. Cognitive impairment (ability to focus on issues, realistic goals):
	4. Affect:
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I:
	1. Diagnosis: Axis II:
	Axis III:
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation:
	3. Medication Compliance, Side Effects, Drug Interactions:
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage).
	3. Return to clinic:
	4. Medications:
	① Trazodone 50mg Π HS x 30 days
	<input type="checkbox"/> Patient Education <input type="checkbox"/> Dosage <input type="checkbox"/> Special Instruction <input type="checkbox"/> C. Dvler. R. Phil-ly

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/19/00 0745	(cont) P. Allergum # 15 - i bid x 0 R Tylenol 500mg # 15 - ii Q8h prn x 0 R Pt. ed. Rest. ↑ fluid intake. Take meds as directed. RTO prn. Pt. under stands 5/19/00 Gracia Fairbanks Pa Gracia Fairbanks, MLP D. GRONLUND CLINICAL DIRECTOR

~~D. CLINICAL~~
~~CLINICAL DIRECTOR~~

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FBI McKean	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
Suggers, Kevin			
RELATIONSHIP TO SPONSOR		STATUS	
		RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE		SSN/IDENTIFICATION NO.	
		81627-060	
		DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/12/00 0807	<p>S: clo burning on urination + lower abdominal pain x last 1 week → urine - turning over last 4-5 days.</p> <p>Has noticed occas. blood in urine</p> <p>O: Temp 97.9 68 20</p> <p>Abd soft. (+) tenderness LLQ on palpation. (+) (+) CVA tenderness & organomegaly. & masses</p> <p>BS present</p> <p>A: ? UTI</p> <p>P: ? UTI w/a today</p> <p>Will reevaluate w/a results</p> <p>↑ fluids</p> <p>Tylenol 500mg # 21 TI Q8h prn x OR</p> <p>Pt understands</p> <p>Gracia Fairbanks PA</p>
	<p>Patient Education</p> <p>+ Discharge</p> <p>+ Speech Instruction</p> <p>C. Oyler, R.N.</p> <p>Gracia Fairbanks, MLP</p>
5/19/00 0845	<p>S: clo SOB, cough + yellow mucous prod. + pain in chest x 3-4 days.</p> <p>O: Temp 96.9 76 20</p> <p>Thyroid - CTA Heart - RRR.</p> <p>Throat - clear. Neck - & palpable nodes</p> <p>Ears - TM's benign. Nasal mucosa red + irritated. & sinuses tenderness</p> <p>A: URI</p> <p>(cont)</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/30/00	S - Wants P/L Med too - Also wants Rx & Joints & Pain
0925	O - + Hypertrophic A (2) Knee. + crepitation.
	A. Arthritis,
	P - Pt of Dx: P/L Thas Underhands. RTC
	A P/L To 8 ³⁰ pm
	EST # 247 II GIDm x 2.

Patient Education
 Dosage
 Special Instruction
 C. Oyler, R.Ph.

W. Flatt, MLP

3/30/00
1000Admin Note
Change Traxadolone time to HS

Patient Education
 Dosage
 Special Instruction
 C. Oyler, R.Ph.

D. Olson, MD
Clinical Director4/20/00
0830

S: Pt reported diarrhea on/off x 1 week / rel?
 O: Alert w/o B/P 130/80 P 70 RR, lungs
 Abd: soft depressable, bowel sounds. thickened.
 A: Viral Syndrome / Diarrhea
 P: (1) Acetified T BID #10
 (2) Tylenol 325 it / qhs #20
 (3) Pepto Bismol #1 + keep on. tid.
 (4) Clear liquid diet 12/16 hrs.
 (5) follow up in spc if needed.
 (6) Pt understands

Patient Education
 Dosage
 Special Instruction
 C. Oyler, R.Ph.

J. Gomez, MLP

PATIENT'S IDENTIFICATION (Special Instruction for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

F&I MEDICAL

PATIENT'S NAME (Last, First, Middle Initial)

Singer, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

51677-060

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

JD-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

PSYCHIATRIC CLINIC: MOOD DISORDER

SUBJECTIVE:

1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): *None no complaint*

2. Inquiry into current medical or psychological concerns of patient:

doing o.k.

3. Medication Compliance and Presence of Side Effects: *good*

4. Use of Psychological Services: *yes*

5. Current appetite: *excellent*

6. Sleep pattern: *good*

7. Ability to work: *work in FIS exercise*

8. Current hobbies and sources of entertainment: *work out*

9. Status of relationships with significant relations, peers and staff:

Good relations

10. Near and long term plans and goals: *not decided*

11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: *None*

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS
MAINTAINED
AT:

FCI McKean
FEDERAL CORRECTIONAL INSTITUTION

PATIENT'S NAME (Last, First, Middle Initial)

Slygers, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

5.7627-660

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-6)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

500 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>good</i>
	2. Weight: <i>240</i>
	3. Cognitive impairment (ability to focus on issues, realistic goals):
	4. Affect: <i>none</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I: <i>Depression</i>
	1. Diagnosis: Axis II:
	Axis III:
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodations: <i>none</i>
	3. Medication Compliance, Side Effects, Drug Interactions: <i>no side effect</i>
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>understand</i>
	3. Return to clinic: <i>3 mo.</i>
	4. Medications: <i>TRAZADONE 50 mg II tab. HS QD # 20 RXX</i>
	<div style="display: flex; justify-content: space-between;"> <div> Patient Education <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instruction C. O'Neil, R.Ph. CJO </div> <div style="text-align: center;"> <i>3/30/06</i> <i>W. Hamandi, MEd</i> </div> <div> <i>W. Hamandi, MEd</i> W. Hamandi, MEd </div> </div>
	n. Alcorn, MD

Patient Education
 Dosage
 Special Instruction
 C. Oyler, R.Ph.

~~J. Gomez, MLP~~

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
1-25-00 0850	<p>S: c/o (L) ear pain > (R) ear feeling of congestion, fullness, ↑ drainage</p> <p>O: (L) ear: retracted TM no anything</p> <p>(R) ear: WNL</p> <p>mild pharyngeal inj.</p> <p>mild maxillary sinus tenderness</p> <p>A: Sinusitis</p> <p>P: Cipro 500mg BID #20</p> <p>Allyfmin #10 + BID Rx!</p> <p>Pt. Educ: ↑ fluids, understands</p> <p>F/u next week.</p> <p style="text-align: right;">D. OLSON, M.D.</p> <p style="text-align: right;">M. Tarr, MLP</p>	
2/3/00 0755	<p>S: Pt. returned "days" w/ sinusitis (pain)</p> <p>O: Alert, w/100, T. 98.2 Sinus congestion</p> <p>RCP, longear, P-30, Sinus tenderness, stuffy nose.</p> <p>A: Sinusitis by /earache/discomfort</p> <p>P: (1) Corticosteroid otic drop #1 tid affected ear (RT) tid</p> <p>(2) Allyfmin #10 + BID</p> <p>(3) Tylenol 325 mg tid /8hrs #20</p> <p>(4) ↑ fluid, gargles.</p> <p>(5) Pt. understanding OK</p> <p style="text-align: right;">Gomez, MLP FCI McKean</p>	

Patient Education
Coverage

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

C. Oyler, R.Ph.

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

Siggs, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

5627 51627-060

DATE OF BIRTH

8-22-70

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-13-00 0750	<p>S: c/o pain on both ears sore throat x a month Status dropped Cipropach & lo O: T=98.7 them - 12/27.</p>
	<p>HEENT: ^{WNL} Ears: nearly TM's, no erythema pharynx- WNL, min. sinus tenderness</p>
	<p>c/l: clear to auscultation, no wheezes A: Sinus Congestion</p>
	<p>P: Acetified #10 i BID > Tylenol 500 mg #20 i Q 4-6 H prn pain Rx > Antibiotics not indicated at present > Pt. Educ: ↑ fluids, understands > F/U prn</p>
	<p>Patient Education + Dosage + Special Instruction C. Oyler, R.Ph. <i>[Signature]</i></p> <p style="text-align: right;">M. Tarr, MLP</p>
1/24/00 0755	<p>⑤ Congestion in the chest, coughing yellow mucus & earache</p>
	<p>⑥ Temp. 97.4 Pulse 70 Resp. 12 HEENT Congested nose & Throat Ears normal Chest clear Heart RRR abd Soft no organomegaly</p>
	<p>⑦ FLU</p>
	<p>⑧ Pt. educ that this is flu & to continue on ctm & Tylenol & this will take some tie to clear F/U = 510 PRN</p>
	<p style="text-align: right;"><i>[Signature]</i> W. Hamandi, MLP</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/6/00 0820	<p>S: Pt needs med x hemorrhoids.</p> <p>O: Abut w/p small bleeding, swelling</p> <p>A: Hemorrhoids. B/P 120/78</p> <p>P: (1) H.C. Hemorrhoidal suppositories #1 box use BiD RX1</p> <p>(2) Diltiazem oint #1 use before and after each bowel movement RX1</p> <p>(3) Docusate 10mg #10 t/day. RX1</p> <p>(4) ↑ fluid, vegetables, fruits intake</p> <p>(5) Pt understanding OK.</p>
	<p>1/6/00</p> <p>D. Olson, MD Clinical Director</p> <p>J. Gomez, M.P.</p>
	<p>Patient Education</p> <p>— Dosage</p> <p>— Special Instruction</p> <p>C. Dyer, R.Ph.</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCT McKean		
PATIENT'S NAME (Last, First, Middle Initial)	Stiggers Kevin		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/20/99 0800	<p>③ Wants his medication to be changed from 8:30 to 5:30 because he cannot wake up early in the morning to go to work & wants to sleep early & wake up early</p> <p>④ deferred 12/20/99</p> <p>① depression (Trazodone)</p> <p>② Can have his medication at 5:30 PM instead of HS</p> <p>Pt. education about the Psych. medication understood F/U - SIC</p> <p> <input checked="" type="checkbox"/> Patient Education <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instruction C. Oyler, R.Ph. <i>CHO</i> </p> <p style="text-align: right;"> <i>W. Hamandi</i> W. Hamandi, MLP </p>
12/21/99 0745	<p>S- "cold" x 7 wks, sore throat, occasional cough</p> <p>③ ear ache, ④ noisier, body aches, yellow mucus</p> <p>O - T (Throat tube)</p> <p>HEENT - ① nasal discharge, mild max sinus tenderness</p> <p>① pharynx erythematous, ↑ ② anterior node (Cx)</p> <p>TMs - per WOL</p> <p>Lungs - clear</p> <p>A - ① Viral Synd ② Sinusitis</p> <p>P - ① Cipro 500mg Q12h #20</p> <p>② Acetaminophen 7 10 PM #15</p> <p>③ Tylenol 500mg IT Q8h PM #25</p> <p>④ Canceled 12/27 → 12/30/99</p> <p>⑤ Pt Ed - rest, fluids, med use, understand</p> <p>⑥ ATC if 8 letter</p> <p> <input checked="" type="checkbox"/> Patient Education <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instruction C. Oyler, R.Ph. <i>CHO</i> </p> <p style="text-align: right;">D. OLSON, M.D.</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/13/99 0830	<p>S: Stated hemorrhoids were acting up</p> <p>O: Defined</p> <p>C: Hemorrhoids</p> <p>P: Hydrocortisone rectal supp 25mg #2 insert + supp bid x 1 R</p> <p>Rocusate Sodium 100 mg #10 T PO QD x 1 R. Drink plenty of H₂O</p> <p>Pt educ - RTO prog. Pt. understands</p> <p>Gracia Fairbanks PA</p> <p>Gracia Fairbanks PA</p>
12/16/99 0745	<p>S: c/o (R) ear pain + cough, ^{morning} 5 days.</p> <p>w/ yellowish phlegm, works F/L</p> <p>O: @ ear: no eryth, no pain on mov't of tragus, TM okay</p> <p>C: clear to auscultation</p> <p>A: URI</p> <p>P: Erythromycin 250 mg #40 T QID x 10 d.</p> <p>Guafenesin LA #10 T BID</p> <p>Ibuprofen 500 mg #12 T Q4-6H prn pain</p> <p>+ Pt. Educ: Parol fluids, understands</p> <p>F/L prn, Ldls x 2 d.</p>
	<p>Patient Education</p> <p>— Dosage</p> <p>— Special Instruction</p> <p>C. Oyler, R.Ph. <i>Che</i></p> <p>M. Tarr, MLP</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FCI McKean	
PATIENT'S NAME (Last, First, Middle Initial):		SEX	
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

JD-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/1/99	PSYCHIATRIC CLINIC: MOOD DISORDER		
1320	SUBJECTIVE:		
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>None</i>		
	2. Inquiry into current medical or psychological concerns of patient: <i>Nothing doing O.K.</i>		
	3. Medication Compliance and Presence of Side Effects: <i>good</i>		
	4. Use of Psychological Services: <i>yes</i>		
	5. Current appetite: <i>good - excellent Stopped Smoking</i>		
	6. Sleep pattern: <i>Sleep medic. work O.K. no bad dreams peaceful</i>		
	7. Ability to work: <i>good in unit</i>		
	8. Current hobbies and sources of entertainment: <i>walking work out</i>		
	9. Status of relationships with significant relations, peers and staff: <i>good relation with his peers</i>		
	10. Near and long term plans and goals: <i>+</i>		
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>none</i>		

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:	<i>REI...MCKEAN</i>		
PATIENT'S NAME (Last, First, Middle Initial)			SEX
<i>SIGGERS KEVIN</i>			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	<i>51627-060</i>		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

PTAHHKHH POKH: POKH HENH HENH E-0/1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11-26-99	S> c/o ear pain x over a week & sinus congestion; states father is insulin diabetic - also aunt, grandfather, uncle
0755	O> (+) sinus tenderness - maxillary / frontal
	myth. outer ear canal - (R)
	A> Sinusitis / otitis externa
	P> Erythromycin 250 mg # 28 i QID x 7d.
	, Allergies #10 i BID
	, Pt. Educ: ↑ fluids, understands
	, F/u pm
	Lab. request for FBS - filled.
	<i>M. Tarr, MLP</i>

Patient Education
 Dosage
 Special Instruction
 C. Oyler, R.Ph. *ChV*

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)	Siggers, Kevin		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 800 (Rev. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	<p>HEENT normal chest clear Heart RRR abd. soft no organ megaly skin is normal F/S eval. nothing was found Pt. cleared for F/S at the present time</p> <p style="text-align: right;">W. Hamandi W. Hamandi, MLP</p>
11/19/99 0800	<p>S: clo a flare-up of hemorrhoids x last 4 days. clo small amt. of bleeding noted on toilet tissue p moves bowels.</p> <p>O: Pt. refused rectal exam</p> <p>A: Hemorrhoids</p> <p>P: Docusate sodium 100mg #20 i po QD to plenty of water x OR Hydrocortisone rectal Supp. 25mg #12 insert i Supp. per rectum bid x TR</p> <p>Pt. ed. ① Drink alot of H₂O ② Stop lifting weights @ present time ③ RTC prn</p> <p>11/19/99 Gracia Fairbanks PA Gracia Fairbanks PA</p> <p> Patient Education + Dosage + Special Instruction C. Oyler, R.Ph. </p> <p> D. Olson, MD Clinical Director </p>
	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/4/99 0715	S>Pt in SHU, c/o burning urination & fecal. O: Abd: soft, no tenderness, no organomegaly A: R/o UTI P: UA requested Treat accordg to results. Pt advised to ↑ fluids. M. Tarr, MLP
10/20/99 0655	S: c/o ↑ & depression / insomnia; has spoken to Psychologist O: appears depressed, otherwise other PE - WNL A: Depression P: May ↑ Trazodone to 100mg QHS (2 caps of 50 mg) Pt advised availability of Psych soc. - F/w pm 10/20/99 M. Tarr, MLP D. Olson, MD Clinical Director
11/17/99 0740	In. for F/S eval. refer to H&P on 10/28/98 & PPD on 10/13/99 which was OXa No hx. of diarrhea, Cough, fever, rash or Lx PVDA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FCI McKean	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
Siggers, Kevin			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627-060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

JO-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

PSYCHIATRIC CLINIC: MOOD DISORDER

SUBJECTIVE:

1. Reports from Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): *none*

2. Inquiry into current medical or psychological concerns of patient:

3. Medication Compliance and Presence of Side Effects:

4. Use of Psychological Services:

5. Current appetite:

6. Sleep pattern:

7. Ability to work:

8. Current hobbies and sources of entertainment:

9. Status of relationships with significant relations, peers and staff:

10. Near and long term plans and goals:

11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death:

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS
MAINTAINED
AT:

FOR MILITARY HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>good</i>
	2. Weight: <i>218</i>
	3. Cognitive impairment (ability to focus on issues, realistic goals): <i>good</i>
	4. Affect: <i>none</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I: <i>Depression?</i>
	1. Diagnosis: Axis II:
	Axis III: <i>urinary problem</i>
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodations:
	<i>none</i>
	3. Medication Compliance, Side Effects, Drug Interactions:
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>understand</i>
	<i>K.U.B. ordered</i>
	3. Return to clinic: <i>3 mo 75</i>
	4. Medications: <i>Traydon 25mg HS for 90 days</i>
	<i>9/17/99</i>
	<div style="display: flex; justify-content: space-between;"> <div> <p>Patient Education</p> <p>+ Dosage</p> <p>+ Special Instruction</p> <p>C. Oyle, R.N.</p> </div> <div> <p><i>W. Hamandi</i></p> <p>W. Hamandi, MLP</p> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div> <p>D. Olson, MD</p> <p>Clinical Director</p> </div> <div> <p>STANDARD FORM 600 BACK (REV. 5-94)</p> </div> </div>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/8/99 0930	S - hemorrhoids acting up today, discomfort & DM, ± bleeding O - Rectal - initial reflexes rectal exam A - ① Hemorrhoids P - ① Colace 100 mg QD #10 ② Hemorrhoid supp + TID Pm #12 Rx1 ③ PA Ld - red use, diet (fiber), fluids ④ straining, undisturbed ⑤ RHC if better ⑥ ± dle x 7 day
8/3/99 0807	⑤ 1. wants a refill for his haem. medic. 2. wants soft shoes as had had surg. on R. hip & R. limb is shorter ⑥ deferred for his haem. medic. 2. The R. leg limb has scar from previous surgery nothing was found in relation to mov. ⑦ 1. haemorrhoid 2. hx. of previous surg. on R. hip ⑧ haemorrh. Sup. 1 Sup. HS #1 Rx1 metamucil 1 teaspoonful HS #1

D. OLSON, M.D.

Patient Education

+ Dosage

+ Special Instruction

C. Oyler, R.Ph.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

McKean

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-3-99 Cont.	<p>3. Dr. Olson was consulted to Soft Shoes stated that the inmate will be splined by med. understand</p> <p>4. Pt. educ. about ^{error} taking vegetables & regulating his BM understand</p> <p>5. F/U in SIC</p> <p>Patient Education <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instruction C. Oyler, R.Ph.</p> <p style="text-align: right;">W. Hamandi, MLP</p>
9/3/99 0745	<p>⑤ Burning micturition & occasionally, the urine has blood which is not frank blood</p> <p>⑥ Temp. 97.6 Resp. 12 Pulse 70 There is no tenderness in the loins no rigidity no organomegaly</p> <p>⑦ Burning micturition</p> <p>⑧ 1. urine 2. Pt. will be reevaluated after his U.A. 3. Pt. educ. to drink a lot of water understand F/U in SIC</p> <p style="text-align: right;">W. Hamandi, MLP</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
6/4/99 1230	<p><i>Psychiatric</i></p> <p>S: Doing OK, no reports. / sports. "home sick"</p> <p>O: stress out on/off good appetite, good mood</p> <p>Compliance sleeping \pm, good ability to work. good mood, no suicidal or thought of death. good grooming/hygiene. W 225</p> <p>A: Depression</p> <p>P: ① Trazadone. 75mg H.S x 3 months.</p> <p>② PT understanding. OK 3 month appointment</p>	<p>6/7/99</p> <p><i>[Signature]</i> Gomez, MLP</p> <p>D. Olson, MD Clinical Director</p>

☐ Patient Education
☐ Dosage
☐ Special Instruction
 C. Oyler, R.Ph. *[Signature]*

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle Initial)	<i>Sigler Kevin</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	51627060		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
15/99	PSYCHIATRIC CLINIC: MOOD DISORDER		
1245	SUBJECTIVE:		
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>none</i>		
	2. Inquiry into current medical or psychological concerns of patient: <i>occasional stress out</i>		
	3. Medication Compliance and Presence of Side Effects: <i>good none</i>		
	4. Use of Psychological Services:		
	5. Current appetite: <i>good</i>		
	6. Sleep pattern: <i>not sleeping well</i>		
	7. Ability to work: <i>OK</i>		
	8. Current hobbies and sources of entertainment:		
	9. Status of relationships with significant relations, peers and staff: <i>limited contact</i>		
	10. Near and long term plans and goals:		
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>none</i>		

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:	ARMY MEDICAL SERVICES		
PATIENT'S NAME (Last, First, Middle Initial)			SEX
<i>Singler, Kern</i>			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	<i>51627-060</i>		

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>ml</i>
	2. Weight:
	3. Cognitive impairment (ability to focus on issues, realistic goals): <i>+</i>
	4. Affect: <i>flat</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): <i>fair</i>
	ASSESSMENT: Axis I: <i>Depression</i>
	1. Diagnosis: Axis II: <i>---</i>
	Axis III: <i>---</i>
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: <i>ml</i>
	3. Medication Compliance, Side Effects, Drug Interactions: <i>good ml</i>
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>understands</i>
	3. Return to clinic: <i>3 mo</i>
	4. Medications: <i>① ↑ Tranylgel to 75 mg HS x 90 da</i>
	Patient Educ -
	+ Dosage
	+ Special Instructions
	+ Understood
	<i>Chen</i>
	<i>D. OLSON, M.D.</i>
	<i>DIRECTOR</i>

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3/2/99	HYPERTENSION CLINIC		
1300	Subjective Findings:		
	a. Medical complaints or concerns of patient:		
	No new complaints		
	b. Health Promotion/Disease Prevention Assessment:		
	1. Cessation of smoking: N/A		
	2. Diet: needs improved + fat		
	3. Activity: currently poor 2° to weather		
	4. Medications:		
	(1) Drug side effects: N/A		
	(2) Drug interactions: N/A		
	5. Patient Compliance with Therapeutic Regimen: N/A		
	c. Impact of Condition on Activities of Daily Living: none		
	d. Need for special accommodations: no		
	Objective Findings:		
	a. Temp: 97.3	Pulse: 70	Resp: 12 BP: 120/70 Weight: 223 229
	b. Fundoscopic Examination: pupils not dilated; limited		
	Thick, Dull Vessels	Localized or Generalized	
	(Copper Wire)	Narrowing of Arterioles	
	Present Absent	Present Absent	
	A-V Nicking	Flame Shaped Hemorrhages	
	Present Absent	Present Absent	
	Cotton-wool patches	Optic Disk Swelling	
	Present Absent	Present Absent	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED AT:

FCI McKean Health Services

PATIENT'S NAME (Last, First, Middle Initial)

Segura, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

51627-060

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
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F_600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
	c. Cardiac Examination:			
	Loud Aortic Second Sound	Left Ventricular Heave		
	Present <u>Absent</u>	Present <u>Absent</u>		
	Ejection Click	Presystolic Gallop		
	Present <u>Absent</u>	Present <u>Absent</u>		
	d. Lungs: <u>Clear</u>	Wheezes	Rales	Ronchi
	e. Thyroid Gland: <u>WNL</u>			
	f. Diagnostic Studies	Result	Date of Exam	
	<u>CBC</u>	<u>WNL</u> Abnormal	<u>10/98</u>	
	UA	WNL Abnormal		
	SMA 20	WNL Abnormal		
	Lipids	WNL Abnormal		
	EKG	WNL Abnormal		
	CXR	WNL Abnormal		
	Optometry Consult	WNL Abnormal		
	Assessment:			
	a: Diagnosis: <u>Hx HPTN currently WNL</u>			
	b: Disease Progression or Complications: <u>stable</u>			
	c. Therapeutic Efficacy: <u>n/a</u>			
	Plan:			
	a. Medications:			
	<u>None</u>			
	b. Next Diagnostic Studies Due: <u>n/a</u>			
	c. Return to Clinic: <u>D/K now</u> <u>3/2/99</u>			
	d. Patient Education: (Check Topics Discussed)			
	() Complications of Hypertension		J. OLSON M.D. CLINICAL DIRECTOR	
	() Diet			
	() Exercise			
	() Avoidance of Tobacco			
	() Therapeutic Compliance			
	() Drug Interactions			
	() Target Blood pressure: Below 140/90			
	() Target Weight for next Clinic:			
	() Target Activity Level for Next Clinic:			
			<u>T. Montgomery, MLP</u>	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/19/99, 0650	S - Pain @ Thigh 2° short leg. 90 Pain radiating ↓ @ Foot. 40 Pain 2° @ SW. @ Hip. Also O - Well healed surgical scar on @ Hip. @ Atrophy scar A - Short leg Syndrome. P - EST # 24 ii @ ID pm x 2. Med Blay Underneath Anst X-Ray R/Cm. W. Platt, MLP
3/2/99. 0650	S - URI 90 Cough; Chest Pain Age 28 - occurs in Deep Insp. yellow/green mucus. Headache O - Temp. 97° Pharynx + tonsils, Drainage - mild. (2) Submandibular Adenopathy A - URI, Costochondritis P - Med. Dx: w/ L. Blay Underneath R/Cm Acetab # 10 ii BID x 0 Motm 400mg # 21 ii BID x 0 W. Platt, MLP

Patient Educ -

+ Dosage

+ Special Instructions

+ Understood

+ C

C. Gelsick, R.Ph

Patient Educ -

+ Dosage

+ Special Instructions

+ Understood

+ C

C. Gelsick, R.Ph

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

McKean

PATIENT'S NAME (Last, First, Middle Initial)

Singer, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

51627-060

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/5/99 0840	<p>S> status was better when on Cipro but 5 d after had blood in urine, burning urination again, repeat Motrin; Has artificial hip & states @ leg is shorter and causes pain on @ foot.</p> <p>O> ± @ CVA tenderness; @ hip - mild tenderness, ind. foot pain on plantar aspect</p> <p>A> A/O UTI, Arthritis, foot pain</p> <p>P> Ibuprofen 400 mg #20 T QD-BID prn w/ R x T</p> <p>> Lab - UA requested</p> <p>> Heel cups given 1 pr.</p> <p>> Pt. Educ.: Heat to area, ↑ oral fluids, understands</p> <p>> F/U prn</p>
	<p>Patient Educ.</p> <p>+ Dosage</p> <p>+ Special Instructions</p> <p>+ Understood</p> <p>C. Gelsick, R.Ph.</p> <p style="text-align: right;">M. TARR, MLP</p>
11/13/99 0700	<p>S- No Fever/chills. Some constipation onset. 5 Days Vomited x2 Also No Hemorrhoidal pain & bleeding</p> <p>O-Temp 100.4 Pharynx & emphysema & Rhinorrhea</p> <p>Lungs Scattered Rhonchi; Abd. Soft Nontender masses</p> <p>A- URI.</p> <p>P- E-mycin 250mg #42 TID x 0</p> <p>EST #24 TID prn x 0.</p> <p>Hemorrhoidal Supp 1 Box insert BID x 0.</p> <p>Docusate NA #20 TID HS prn.</p> <p>Ptcd Dx & Dc Smoking Understands</p>
	<p style="text-align: right;">11/13/99</p> <p style="text-align: right;">D. O'SON, M.D. CLINICAL DIRECTOR</p> <p style="text-align: right;">W. Flatt, MLP</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/14/98 0645	<p>(S) The R. leg is shorter because he does not have hip bone & he when he walk he has sharp pain in sole of the R. foot wants to wear Tennis shoes</p> <p>(O) There is no abnormality in the foot ROM is normal. Scar in the lat. side of R. Thigh no deformity, joint in ankle & hip stable.</p> <p>(A) hx of hip fracture arthritis</p> <p>(P) 1. x-ray of hip joint 2. will consider ortho consult after his x-ray. 3. Pt. educ about arth understood 4. F/U in 5/c</p> <p style="text-align: right;">W. Hamandi W. Hamandi, MLP</p>

12-29-98
1300

Adm. Notes.

Reviewed pfr chart for studies regarding his microscopic hematuria previous KUB & IVP done 4/98 were within normal limits. NO stones or lesions found. Will consider urology consult if problem persists.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

SIGGERS

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

DEPART./SERVICE SSN/IDENTIFICATION NO.

51627-060

SEX

RANK/GRADE

ORGANIZATION

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

D-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1/9/98	PSYCHIATRIC CLINIC: MOOD DISORDER		
SUBJECTIVE:			
1405	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>No reports of disruption</i>		
2. Inquiry into current medical or psychological concerns of patient: <i>Tired from med. unable to do much again</i>			
3. Medication Compliance and Presence of Side Effects: <i>Good... Feeling tired - side-effect</i>			
4. Use of Psychological Services:			
5. Current appetite: <i>good</i>			
6. Sleep patterns: <i>OK</i>			
7. Ability to work: <i>OK</i>			
8. Current hobbies and sources of entertainment:			
9. Status of relationships with significant relations, peers and staff: <i>OK</i>			
10. Near and long term plans and goals: <i>improve energy... do more better</i>			
11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>AS SI / HI</i>			

PATIENT'S IDENTIFICATION (Use this space for animal imprint)

RECORDS MAINTAINED AT:		FCI McKEAN HEALTH SERVICES	
PATIENT'S NAME (Last, First, Middle Initial) <i>Slagers, Kern</i>			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME			ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. <i>51627-060</i>		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

600 (Back)

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

OBJECTIVE:

1. Grooming and hygiene: *good*2. Weight: *—*3. Cognitive impairment (ability to focus on issues, realistic goals): *OK*4. Affect: *↓ depressed?*5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): *OK*

ASSESSMENT:

Axis I: *Depression*

1. Diagnosis: Axis II:

Axis III:

2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodations: *none*3. Medication Compliance, Side Effects, Drug Interactions: *good... no side effects*

PLAN:

1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling: *will take Prozac*2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). *Understand*3. Return to clinic: *3 mo*

4. Medications:

*Prozac 50mg 5 h.s x 3 months*RAIMONDO S. QUIN, M.D.
STAFF PHYSICIAN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12-4-98 0835	<p>S> Burning on urination x a week. Reports hx of chronic recurrent UTI. Had UA done 2 weeks ago. Allergic to PCN and Ceftriaxone</p> <p>O> Abd: soft, nontender, no organomegaly UA: wbc = 0-4 rbc = 4-7 few cocci BP = 124/86</p> <p>A> UTI</p> <p>P> Cipro 500 mg #20 T po BID <i>on order</i> H-Educ: T oral fluids, understands F/u per</p> <p>12/4/98</p> <p><i>[Signature]</i> RAINELO SAGUIN, M.D. STAFF PHYSICIAN</p> <p><i>[Signature]</i> M. TARR, MLP</p> <p>D. OLSON, M.D. CLINICAL DIRECTOR</p> <p>Patient Educ - <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instructions <input checked="" type="checkbox"/> Understood <i>OK</i> C. Gelsick, R.Ph</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI McKian

PATIENT'S NAME (Last, First, Middle Initial)

Siggers, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

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